

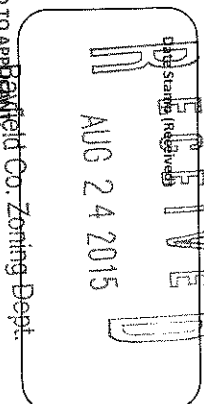
SUBMIT - COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

B75 1075 A7F

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED

AUG 24 2015



Permit #:	15-0336
Date:	9-10-15
Amount Paid:	\$180
Refund:	9-10-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Annette Trobbridge</u>	Mailing Address: <u>576 Spring Hill Rd</u>	City/State/Zip: <u>Wadnais Hts, MN 55127</u>	Telephone: <u>651-283-5735</u>
Address of Property: <u>47320 Canterbury Trail</u>	City/State/Zip: <u>Cable, WI 54821</u>		Cell Phone:
Contractor: <u>Self</u>	Contractor Phone:	Plumber: <u>N/A</u>	Plumber Phone: <u>N/A</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>N/A</u>	Agent Phone:	Agent Mailing Address (include City/State/Zip): <u>N/A</u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot 7</u>	CSM <u>04-021-2-44-06-23-05-001-4000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>589</u> Page(s) <u>400</u>
Section <u>29</u> , Township <u>44</u> N, Range <u>6</u> W	Town of: <u>Grand View</u>	Block(s) No.	Acres <u>398.31 x 10.45 x 99 x 25.32 x 10.46 = 61</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: <u>75</u> feet		

Value at Time of Completion * include donated time & material <u>\$5,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Septic</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)			
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			
<input type="checkbox"/> <u>Dever</u>						

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>32'</u>	Width: <u>22'</u>	Height: <u>27'</u>
Proposed Construction: <u>Dever - on existing roof</u>	Length: <u>12'</u>	Width: <u>10'</u>	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Dever on existing building</u>	<input checked="" type="checkbox"/>		(<input type="checkbox"/> 10' x 12')	120
<input type="checkbox"/> Accessory Building (specify) _____	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Special Use: (explain) _____	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Conditional Use: (explain) _____	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/>		(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further acknowledge that this application may be a result of Bayfield County relying on this information I (we) am (are) providing in or with the application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Annette Trobbridge Date 8/24/15
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

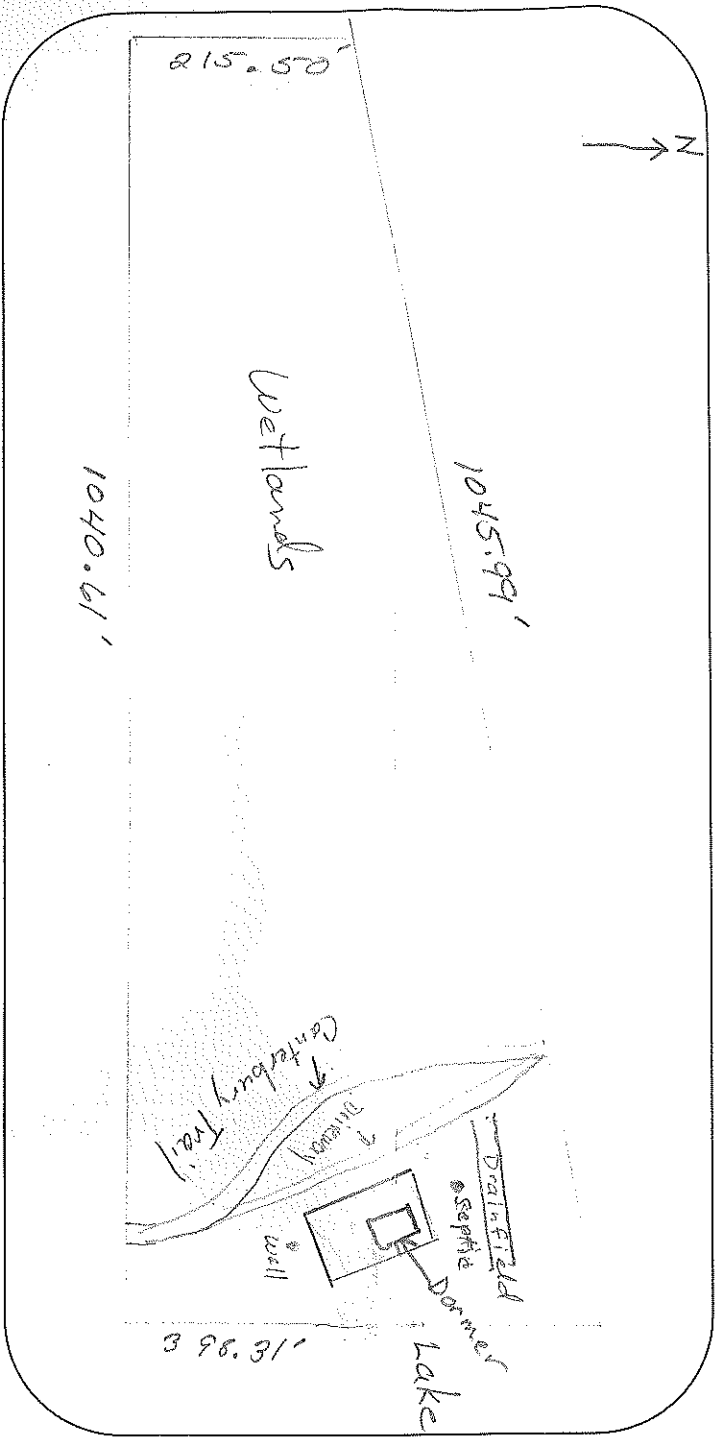
Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 576 Spring Hill Rd, Wadnais Hts, MN 55127

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	67 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	83 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	167 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	10 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 337304	# of bedrooms: _____	Sanitary Date: 4-13-99			
Permit Denied (Date): _____		Reason for Denial: _____					
Permit #: 15-0336		Permit Date: 9-10-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lots)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record:							
Date of Inspection: 9-9-15		Inspected by: J. Hickey					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)							
Signature of Inspector: J. Hickey		Property owner is responsible for contacting UDC.		Date of Approval: 9/10/15			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	